

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM 2875)

SERIAL NO. **10/527877**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51				/		
2		/					52				/		
3		/					53				/		
4		/					54				/		
5		/					55				/		
6		/					56				/		
7		/					57				/		
8		/					58				/		
9		/					59				/		
10		/					60				/		
11		/					61				/		
12		/					62				/		
13		/					63		/		/		
14		/					64				/		
15		/					65				/		
16		/					66				/		
17		/					67		/		/		
18		/					68				/		
19		/					69				/		
20		/					70				/		
21	/						71				/		
22		/					72				/		
23		/					73				/		
24		/					74				/		
25		/					75				/		
26		/					76				/		
27		/					77				/		
28		/					78				/		
29		/					79				/		
30	/						80				/		
31		/					81				/		
32		/					82				/		
33		/					83				/		
34		/					84				/		
35		/					85				/		
36		/					86				/		
37		/					87				/		
38		/					88				/		
39		/					89				/		
40		/					90				/		
41		/					91				/		
42		/					92				/		
43		/					93				/		
44		/					94				/		
45		/					95				/		
46		/					96				/		
47	/						97				/		
48		/					98				/		
49		/					99				/		
50		/					100				/		
TOTAL IND.	3	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	46	←	24	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	49		27				TOTAL CLAIMS						